

PTO/SB/01 (10-00)

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY		Attorney Docket Number 15079-1"us" GH/cb
		First Named Inventor DOMINIQUE GAGNON
		<i>Complete if known</i>
		Application Number _____
		Filing Date _____
		Group Art Unit _____
		Examiner Name _____

☐ Declaration Submitted with Initial Filing
 OR
 ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AUTOMATIC LIQUID ANALYSER AND QUALITY CONTROLLER

the specification of which

as United States Application Number or PCT International Application Number _____

and was amended on _____ (if applicable).

(mm/dd/yyyy)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not claimed	Certified Copy Attached?	
				YES	NO
2,307,978	CANADA	05/18/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

0905447-054704

**COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

☒ Customer Number: **020988**



020988

PATENT AND TRADEMARK OFFICE

Direct all correspondence to:



020988

PATENT AND TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Dominique

GAGNON

Inventor's Signature

Date

Residence: City

BEAUPORT

State

Québec

Country

CANADA

Citizenship

Canadian

Post Office Address

933 rue Gabrielle D'Anneville

City

Beauport

Province or State

Québec

Postal Code Or Zip

G1C 7R1

Country

Canada

☒ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

09353447-054704

COMBINED DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63) AND POWER OF ATTORNEY

PTO/SB/02A (3-97)

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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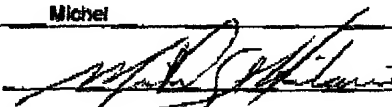
Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Michel ST-HILAIRE

Inventor's Signature  Date 2001-05-10

Residence: City Loretteville State Québec Country Canada Citizenship Canadian

Post Office Address 8 rue Lanthier

City Loretteville Province or State Québec Postal Code G2B 4X3 Country Canada

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's Signature _____ Date _____

Residence: City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code Or Zip _____ Country _____

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's Signature _____ Date _____

Residence: City _____ State _____ Country _____ Citizenship _____

Post Office Address _____

City _____ Province or State _____ Postal Code Or Zip _____ Country _____

☐ Additional inventors are being named on the supplemental Additional Inventor(s) PTO/SB/02A attached hereto.

095544-0510